

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	113	State Index No. <u>483</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>30</u>
Town of _____	Local Registrar's No. _____		
or _____	(No. _____)	St; _____	Ward) _____
City of <u>Globe</u>			
FULL NAME OF CHILD _____			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>		Date of Birth <u>2</u> <u>5</u> 191 <u>5</u>	
		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Jasper M. Stacey</u>		Full Maiden Name <u>Lickey J. Hunt</u>	
Residence <u>Globe Ariz</u>		Residence <u>Globe Ariz</u>	
Color or Race <u>W</u>	Age at last Birthday <u>21</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>15</u> (Years)
Birthplace <u>Mo.</u>		Birthplace <u>South Carolina</u>	
Occupation <u>Labored</u>		Occupation <u>H. W.</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>2/5</u> 191 <u>5</u> , at <u>GP</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>H. E. Wright</u>	
		(Attending physician, midwife, householder*)	
Given or christian name added from a supplemental report _____ 191 <u>5</u>		Address _____	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Jan 10</u> 191 <u>6</u>		A True Copy <u>B. E. Jay</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	